

COLORADO'S COVID-19 DIAL FRAMEWORK

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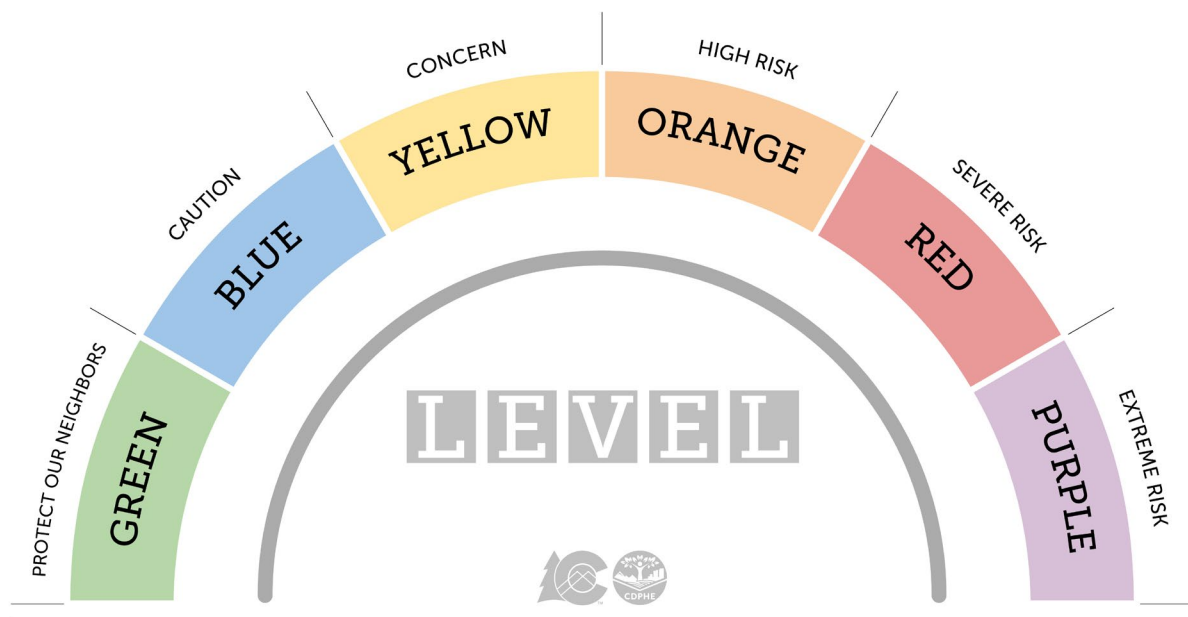
During this pandemic, the state is working to make life as sustainable as possible, while ensuring we do not surpass our public health and health care capacities. Carefully maintaining the effective reproductive or R number at or below 1 helps prevent the exponential spread of the COVID-19 virus. Different levels of "openness" that are standardized at the county level will help maintain this delicate balance. This new framework recognizes unique local circumstances and uses an intuitive dial to visualize a community's success in containing the spread of COVID-19. By increasing simplicity and predictability, we can give local communities another tool to make life amidst the pandemic more sustainable until we have a major breakthrough in testing, treatments, or a vaccine. This dial went into effect Tuesday, September 15, and was updated to include a sixth level on November 20.

THIS DIAL HAS SIX LEVELS:

- **Level Green: Protect Our Neighbors**
- **Level Blue: Caution**
- **Level Yellow: Concern**
- **Level Orange: High Risk**
- **Level Red: Severe Risk**
- **Level Purple: Extreme Risk**



We heard from stakeholders that the colors should match Colorado's iconic fire-risk warning system. So, we switched to make the green for Protect Our Neighbors, and the blue for Safer at Home Level 1. We also flipped it to match the orientation as the fire warning system, with the left side for the least risk, and the right for the most risk.



The goal of each level is to strike that important balance between enabling economic and social activity while ensuring that our testing, contact tracing, and health care systems are able to contain the virus. Each level is defined by objective scientific metrics and has associated capacity limitations. A community will move between levels based on the metrics and based on local and state consultation to ensure unique local factors are appropriately considered. This tool will add simplicity and predictability to how we open -- or close -- based on virus transmission levels. This tool can be used by communities to implement locally-driven strategies to achieve the desired level.

WHAT DO THESE LEVELS MEAN?

Each county is at one of six levels. Each level has associated capacity restrictions.

At one end of the spectrum is Level Green: Protect Our Neighbors, the level where once certified a county is able to exercise local control over reopening, so long as they initially stay under 50% capacity or 500 people, whichever is fewer. Over time, if a county consistently maintains compliance with the required metrics, they can increase that capacity threshold by 5% a month. So, a county with a low, stable, and contained virus transmission is able to take one step at a time back to restored capacity. The new dial does not change the original certification process for Protect Our Neighbors (learn more about that process [here](#)). At the other end of the spectrum is Level Purple: Extreme Risk, which entails significant closures.

In between Level Green and Level Purple are four intermediate levels as defined by the public health order. Level Yellow: Concern is the baseline, meaning it reflects the Safer at Home capacities we followed earlier in the year. There is a less restrictive level -- Level Blue: Caution, for counties that have low virus transmission, but have not yet achieved Protect Our Neighbors. A more restrictive level -- Level Orange: High Risk --, is for counties that are seeing increases in the metrics and need to take action. The second-most restrictive level, Level Red: Severe Risk, is for counties with high levels of transmission, hospitalizations, and positivity rates. Most indoor activities are prohibited or strictly limited, and outdoor activities are encouraged as an alternative. In this way, we've moved away from reopening as a lightswitch (open or closed), and added more steps where communities can gradually reopen or become more restrictive based on what is happening with the virus locally.

WHAT METRICS DEFINE THESE LEVELS?

There is no one metric that tells the full story, but together, three key metrics can help us understand the fuller picture. These metrics are:

1. **New cases** -- a measure of how much the virus is circulating in a community
2. **Percent positivity of COVID tests** -- a measure of how widespread infection is and whether there is sufficient testing occurring.
3. **Impact on hospitalizations** -- a measure of the impact on hospitals and how many cases are severe, by looking at the number of new hospital admissions and whether hospitalizations are increasing, stable, or declining.



In our draft, we proposed six metrics. We revised this down to three in response to stakeholder feedback that the metrics must be simple and objective. Additional metrics, such as the other three we proposed -- the direction of the epidemiological trend, anticipated future risk factors, and progress towards achieving Protect Our Neighbors all are important but are best interpreted while considering local context. So, they may -- and should -- be discussed during consultations between state and local officials but are not part of measuring the Safer at Home phase.



HERE ARE THE METRICS FOR EACH LEVEL:

	LEVEL GREEN: PROTECT OUR NEIGHBORS	LEVEL BLUE: CAUTION	LEVEL YELLOW: CONCERN	LEVEL ORANGE: HIGH RISK	LEVEL RED: SEVERE RISK	LEVEL PURPLE: EXTREME RISK
NEW CASES	Must achieve all 8 Protect Our Neighbors metrics and complete the certification process	0-75 / 100,000 2-week incidence	> 75-175 / 100,000 2-week incidence	> 175-350 / 100,000 2-week incidence	> 350 / 100,000 2-week incidence	Hospital capacity risks being breached, which may be indicated by: approaching the need for medical crisis standards of care, utilizing alternative care sites, critical shortages of PPE or staff, or hospitals approaching 90% of their reported surge capacity
PERCENT POSITIVITY		No greater than 5%	No greater than 10%	No greater than 15%	No limit	
HOSPITALIZATIONS		Increasing, stable, or declining?	Increasing, stable, or declining?	Increasing, stable, or declining?	Increasing, stable, or declining?	

New cases are defined by the rolling two-week cumulative incidence. This means that every day, we observe new cases that have been reported in the previous two weeks. Looking at the number of new cases reported over this period of time helps balance between days where there are very high or very low numbers of new cases. We track two-week cumulative incidence to understand what the current burden of disease is in a community and what the associated risk of exposure to disease may be to residents and visitors to that community. The current incidence is linked to the risk of outbreaks in businesses, schools, nursing homes, and other locations as well as the immediate need for public health and healthcare services, including hospital admissions. Incidence data also helps us understand what longer lasting health impacts communities and individuals may need to prepare for. These include some long-term consequences of COVID-19 that we are just learning about, such as ongoing issues with heart and lung function, cognitive impairments, or the rare but severe multisystem inflammatory syndrome in children (MIS-C).

The two-week incidence levels in this dial are significantly more generous than the original levels when variances first were established. For example, to fall into the highest variance level under the original framework, a county would have to have a two-week incidence below 25/100,000. In this framework, to fall into that same level, a county has to have a two-week incidence below 75/100,000. The threshold was tripled



We heard many stakeholders ask if transmission alone can determine the level of risk in a community. No -- alone it cannot, but it is an important piece of the puzzle.

It is true that the clinical management of COVID-19 has improved significantly over the past few months. As a result, we significantly loosened this criteria. In the previous framework, you could only qualify for this level of capacity if the incidence was under 25/100,000. In our new framework, this is increased to 75/100,000. It is still important that we closely monitor and coordinate mitigation activities based on incidence. While the most severe cases often need hospitalization, we are still learning about the long term effects on many who have a difficult course of illness but never need hospitalization. Even if we are able to better



in this framework compared to our previous one as a result of recent improvements in testing, tracing, and treatment.

Percent positivity is defined as the percent of tests that come back positive out of the total number of tests performed. This is measured over a 14 day rolling average so that one day of low or high testing won't result in an inaccurate picture of the percent positivity. The global standard is that if the percent positivity is below 5%, then the community is testing enough people to adequately capture the level of virus transmission. If percent positivity is higher than 5%, then it's likely that many cases are being missed because there is not enough testing. This standard was established before widespread testing became available for communities primarily testing those who are symptomatic or exposed to a known case. It's recommended that communities doing widespread surveillance testing seek an even lower percent positivity.

Stable or declining hospitalization trend is a way to assess the trajectory of severe disease as a result of COVID-19. Every day we look at the new hospital admissions trend for the previous two weeks. Our goal is for new COVID-19 hospital admissions to be stable or decreasing for at least eight of the last 14 days in large counties (more than 30,000 residents). For smaller counties (30,000 or fewer residents), our goal is to have no more than two new hospital admissions per day in any of the last 14 days. Hospitalized patients are assigned to a county based on where they live.

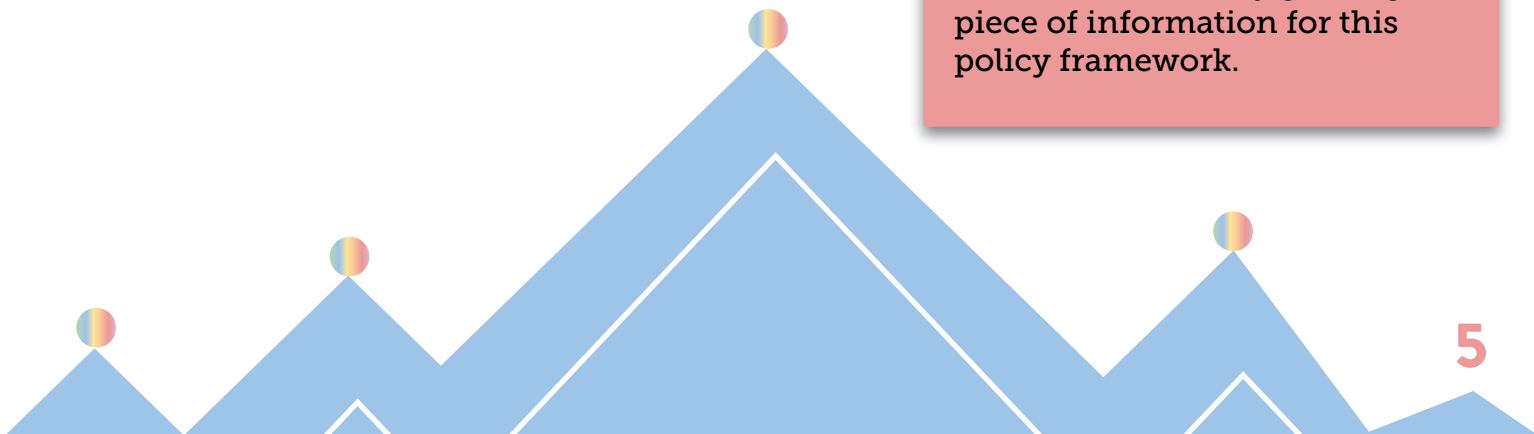
protect those most at risk, like older adults with underlying conditions, it is still important to minimize the number of people who catch COVID.




Measures of incidence per 100,000 can have more variability for counties with lower case counts or populations. The larger two week incidence levels in this framework ensure that small changes in the number of newly reported cases don't result in frequent changes the corresponding level.



Many stakeholders questioned whether hospitalizations were still proportional to the overall number of people with COVID-19. As the case incidence in a community rises, new hospitalizations rise at a similar rate, depending on the age and overall health status of the cases that are occurring. Tracking hospital admissions allows us to track the rate of severe disease. Notably, the collaborative model with the Colorado School of Public Health uses hospitalization data, not incidence data, to develop their estimates of social distancing levels which is a key guiding piece of information for this policy framework.



WHAT ARE THE CAPACITY RESTRICTIONS AT EACH LEVEL?

	LEVEL GREEN: PROTECT OUR NEIGHBORS	LEVEL BLUE: CAUTION	LEVEL YELLOW: CONCERN	LEVEL ORANGE: HIGH RISK	LEVEL RED: SEVERE RISK	LEVEL PURPLE: EXTREME RISK
HIGH RISK POPULATIONS	Use caution Eligible for worker benefits and mandatory prioritization for remote work	Use caution Eligible for worker benefits and mandatory prioritization for remote work	Advised to Stay at Home Eligible for worker benefits and mandatory prioritization for remote work	Strongly advised to Stay at Home Eligible for worker benefits and mandatory prioritization for remote work	Stay at Home Eligible for worker benefits and mandatory prioritization for remote work	Stay at Home Ordered Eligible for worker benefits and mandatory prioritization for remote work
VARIANCES	Eligible for both <u>outdoor</u> and <u>indoor</u> site-specific variances if approved by LPHA	Eligible for both <u>outdoor</u> and <u>indoor</u> site-specific variances if approved by LPHA	Eligible for <u>outdoor</u> site-specific variances if approved by LPHA	Not eligible	Not eligible - Current variances reevaluated	Not eligible - Current variances revoked unless specifically allowed
PERSONAL GATHERING SIZE	Per local guidance	Up to 10 from no more than 2 households	Up to 10 from no more than 2 households	Up to 10 from no more than 2 households	None	None
CHILDCARE	Open	Open	Open	Open	Open	Open
P-12 SCHOOLS	In-person	In-person	In-person suggested	In-person suggested Counties are encouraged to prioritize in-person learning by suspending other extracurricular and recreational activities in order to preserve effective cohorting and minimize disruptions to in person learning	P-5: in person suggested Middle school: in-person, hybrid, or remote suggested High school: hybrid or remote suggested	In-person, hybrid, or remote as appropriate
HIGHER EDUCATION	In-person	In-person	In-person, hybrid, or remote as appropriate	In-person, hybrid, or remote as appropriate	Remote suggested, limited in-person when necessary	Remote suggested, very limited in-person when necessary
RESTAURANTS - INDOORS	50%* capacity or 500 people †	50% capacity or 175 people indoors †	50% capacity or 50 people (or up to 100 with calculator) †	25% capacity or 50 people †	Indoor dining closed. Take out, curbside, delivery, or to go	Indoor dining closed. Take out, delivery, or to go is open
RESTAURANTS - OUTDOORS	6ft between parties outdoors, per local zoning	6ft between parties outdoors, per local zoning	6ft between parties outdoors, per local zoning	6ft between parties outdoors, per local zoning	Open air with only groups of own household is open	Outdoor dining closed. Take out, delivery, or to go is open
LAST CALL	Per local restrictions	12am (on premises)	11pm (on premises)	10pm (on premises)	8pm (on premises)	No on premises service
NON-CRITICAL MANUFACTURING	50%* capacity or 500 people †	50% capacity or 175 people †	50% capacity or 50 people (or up to 100 with calculator) †	25% capacity or 50 people †	25% capacity or 50 people †	10% capacity or 25 people †
OFFICES	50%* capacity	50% capacity	50% capacity, remote work is strongly encouraged	25% capacity, remote work is strongly encouraged	10% capacity, remote work is strongly encouraged	Remote work or Closed
BARS	50%* capacity or 500 people †	Closed	Closed	Closed	Closed	Closed
GYMS/FITNESS	50%* capacity or 500 people †	50% capacity or 175 people †	50% capacity or 50 people †	25% capacity or 50 people indoors †, or outdoors in groups less than 10	10% capacity or 10 people indoors per room †, or outdoors in groups less than 10. Reservations required	Virtual, or outdoors in groups less than 10
GROUP SPORTS AND CAMPS	50%* capacity or 500 people †	50 person capacity per activity	25 person capacity per activity	Virtual, or outdoors in groups less than 10	Virtual, or outdoors in groups less than 10	Virtual, or outdoors in groups less than 10
CRITICAL AND NON CRITICAL RETAIL	50%* capacity	50% capacity	50% capacity	50% capacity with increased curbside pick up, and delivery. Dedicated senior and at-risk hours encouraged	50% capacity with increased curbside pick up, and delivery. Dedicated senior and at-risk hours encouraged	Non-critical retail closed. Curbside pick-up and delivery OK. Critical may operate at 50% capacity but should make significant efforts to reduce the number of people in-store as much as possible
PERSONAL SERVICES	50%* capacity or 500 people †	50% capacity or 50 people †	50% capacity or 50 people †	25% capacity or 25 people †	25% capacity or 25 people †	Closed
LIMITED HEALTH CARE SETTINGS	50%* capacity or 500 people †	50% capacity or 50 people †	50% capacity or 50 people †	25% capacity or 25 people †	25% capacity or 25 people †	10% capacity or 25 people †
INDOOR UNSEATED EVENTS AND ENTERTAINMENT	50%* capacity or 500 people †	50% capacity or 175 people †	50% capacity or 50 people no calculator, (or up to 100 with calculator) †	25% capacity or 50 person capacity (with calculator) †	Closed, excluding museums, aquariums, and zoos**	Closed
INDOOR SEATED EVENTS AND ENTERTAINMENT	50%* capacity or 500 people †	50% capacity or 175 people †	50% capacity or 100 people †	25% capacity or 50 people †	Closed, excluding museums, aquariums, and zoos**	Closed
OUTDOOR UNSEATED EVENTS AND ENTERTAINMENT	50%* capacity or 500 people †	50% capacity or 250 people †	50% capacity or 175 people †	25% capacity or 75 people	25% capacity or 75 people (with calculator) †, attended only with members of your own household and 6ft spacing between groups	Closed
OUTDOOR SEATED EVENTS AND ENTERTAINMENT	50%* capacity or 500 people †	50% capacity or 250 people †	50% capacity or 175 people †	25% capacity or 75 people †	25% capacity or 75 people (with calculator) †, attended only with members of your own household and 6ft spacing between groups	Closed
OUTDOOR GUIDED SERVICES	50%* capacity or 500 people †	50% capacity or 25 people †	50% capacity or 10 people †	25% capacity or 10 people †	25% capacity or 10 people †	25% capacity or up to 10 only in your own household †

*Counties that enter Protect Our Neighbors are eligible to increase the percentage caps by 5% every month they continually sustain those metrics.

† When capacity limits are expressed as both a percentage of posted capacity and a total number of people, use whichever number is fewer.

**Educational institutions including museums, aquariums and zoos may operate indoors at 25% of the posted occupancy limit not to exceed 25 people using the Distancing Space Calculator per room.

DO YOU HAVE TO FOLLOW THE CDPHE GUIDELINES FOR EACH SECTOR AT THE DIFFERENT LEVELS?

Yes, you still must follow all of the same protocols at every level -- including Protect Our Neighbors. The only things that change across levels are the capacity limits.

HOW DO YOU MOVE BETWEEN LEVELS?

The numerical metrics initiate the process of moving between levels. But, because metrics alone do not tell the whole story, state and local governments are then able to factor in local circumstances before changes are made.

In order to move to a less restrictive level (e.g., Level Yellow to Level Blue), you need to meet and sustain **all three metrics**: new cases, percent positivity, and stable or declining hospitalizations for a **two-week rolling period**.

For example, if a county in Level Yellow met all 3 metrics for Level Blue starting on September 1, it must continue to meet all 3 metrics until September 14. If the county remains in compliance with all metrics for the two week period, the county may opt to transition to Level Blue. If eligible, the local government makes the decision to move to a less restrictive level. While a county may be eligible, it still must affirmatively tell the State that it would like to move to the less restrictive level. The local public health agency (LPHA) can submit a letter to the CDPHE co-signed by the required stakeholders, or a series of letters from the required stakeholders including:

- the local public health agency,
- all hospitals within the county or region (unless no hospitals are located in the county)
- Hospitals must verify that they have the capacity to serve all people needing their care.
- a majority of county commissioners (or other county-level governing body), and
- If a sovereign nation is present in the county, support from the sovereign nation for the transition to a less restrictive level.

Letters should be submitted through [this form](#).

The process of moving to a more restrictive level typically begins with a consultation with CDPHE if a county is out of compliance with any of the three metrics for a two-week period. This **two-week period** is a grace period. If compliance is restored in that timeframe, no further action is needed. If compliance is not restored, then a consultation between the county and the state must take place to determine next steps. At this consultation, detailed metrics including these three, but also many others like the epidemiological trends, impacted populations, and local factors will be discussed and considered in partnership between state and local officials.

For example, if a county has a significant increase in cases and passes beyond the threshold for the two-week incidence on September 15, and the number is back below the threshold by September 29, then no further action is needed. If instead, at the end of



Stakeholders expressed concern about “bouncing” between levels. Using a two week period to initiate the process of moving between levels will provide more stability in how we observe and consider metric levels within each county. In particular, we listened to concerns voiced by those in lower-population counties, whose overall epi trend may be skewed by even a small number of cases. By giving communities two weeks to change their trend, it will ensure that local control measures have enough time to work before further engagement with the state is needed.

the two week period, compliance is not restored, then key local leaders will meet with CDPHE to discuss their own data, sources of transmission, and local mitigation efforts.

This consultation is critical because it ensures that local factors are taken into consideration. For example, if cases are clustered at a university, or in a part of the county that is geographically distinct, then targeted actions may be more appropriate than county-wide actions. Unique circumstances may influence unique actions, and so the consultation process ensures that a robust discussion happens before actions are taken.

At the end of the consultation, CDPHE will assess whether local trends are improving, the risk to the community, and the strength of local mitigation efforts. After considering all of these factors, CDPHE will either:

- Provide an extension for another two-week period to remain in the same dial level while continuing existing local mitigation strategies,
- Provide an extension, on the condition that additional, specifically defined local mitigation strategies are put in place, or
- Require the county to transition to a more restrictive level.

In other words, if local mitigation efforts are successful, then a county may get significantly more time to realize the benefits of their actions before needing to move to a more restrictive level. The state will make it a priority to support local mitigation efforts, so that state restrictions are a last resort. But, if state restrictions are placed, it will only be after a robust process that is initiated by metrics, accounts for local circumstances, and fosters partnership between the State and local leadership. CDPHE also reserves the right to move counties more quickly to another level as circumstances warrant.

CDPHE also reserves the right to move counties more quickly to another level as circumstances warrant, in the event of significant growth, hospitalizations, or other factors. While we hope these interventions will be limited, faster or more significant movement may be necessary.

WHAT HAPPENS TO VARIANCES?

This process replaces the variance process for most variances. The highest variance a county can get under the original variance process includes a 175 person cap for indoor events and 250 person cap for outdoor events. These are the same capacities permitted in Level Blue of the dial. It is easier to meet the metric thresholds to qualify for Level Blue than the thresholds set in the original variance process. Further, the permitted capacities in Level Blue of the dial can be achieved without having to use the spacing calculator.

While general variances for sectors like restaurants or gyms are replaced by the dial framework, CDPHE will still consider applications for site-specific variances for unique facilities, like zoos, theaters, or other extra large venues or events. All variance requests must be approved by LPHAs before submission to CDPHE. Variance requests must conform to CDPHE requirements, and be submitted by the LPHA. You can find the requirements [here](#).

Counties in Level Green and Blue are eligible to apply for both indoor and outdoor site-specific variances from CDPHE. Counties in Level Yellow may apply for outdoor site-specific variances. While counties are not eligible to apply for new site-specific variances in Level Orange, they can maintain all existing variances so long as the site with the variance is not linked to more than one COVID-19 case. For counties moving to Level Red, any site specific variances will be reviewed to determine if the variance should be suspended. Site specific variances in counties moving

to Level Purple are automatically suspended when the move to Level Purple is effective, unless otherwise authorized to remain in place by CDPHE.

ARE THE CAPACITY RESTRICTIONS WITHIN THE LEVELS REQUIRED?

Yes. Once a county transitions to a new level, then the associated capacity levels are the highest limits a county can employ. A local government may choose to be more restrictive than the level. In other words, the capacity limits are a “ceiling.”

ARE THE P-12 SCHOOL LEVELS REQUIRED?

These are high-level recommendations. At this stage in the pandemic, whether a school is able to support in-person instruction is a local decision that may depend on many more factors other than the level of virus in a community, such as staffing, facility, or student needs. School districts and schools should be working with their local public health agencies to make reopening decisions. While this dial can be a guide at a high level, we applaud local public health and education partnerships that are developing and utilizing local indicators to guide decision making at a more granular level based on local circumstances.

DOES THIS CHANGE ANYTHING ABOUT QUALIFYING FOR PROTECT OUR NEIGHBORS?

No, counties and regions must follow the same certification process to enter Protect Our Neighbors (PON). Click [here](#) to learn more about the PON level, [here](#) to view the PON certification guide, and [here](#) to view the PON certification form.

CAN WE DO CONTAINMENT IF THERE IS A SIGNIFICANT DELAY IN TEST RESULT TURNAROUND TIME?

Contact tracing and containment is reliant on timely test results for symptomatic or exposed individuals. The state will work to maximize speed of turn around time at the State Lab, and work in partnership with counties to facilitate testing contracts or partnerships based on local circumstances. If the turn around time of tests becomes so delayed as to impair the ability to do containment, then all movement to less restrictive levels may be paused until more rapid turnaround time is resorted.

